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ABSTRACT

The policy of apartheid, until recently one of the dominant aspects of South African society, has caused grievous harm to that nation's non-white population, especially black women and children. Most black children have not grown up in stable, two-parent families due to migrant labor policies and low wages. Housing, health care, nutrition, and educational opportunity in black communities is inferior to that in White areas due to the restrictions imposed on Blacks by apartheid. Black children are also victims of the continuing violence in South Africa and of exploitative labor practices. The international community can help relieve some of these legacies of apartheid by providing funds and other assistance to ensure that: (1) children have adequate health care and nutrition; (2) disadvantaged communities have adequate basic infrastructure and services such as clean water, waste disposal, and schools; (3) disadvantaged South Africans become literate and learn skills to empower and provide for themselves; and (4) public awareness is stimulated to help assist South Africa's children. Investment in the well-being, education, and skills of mothers and children is crucial to economic prosperity, political stability, and development in South Africa. (MDM)

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APARTHEID AND SOUTH AFRICA'S CHILDREN

by

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APARTHEID AND SOUTH AFRICA'S CHILDREN

In South Africa the effects of Apartheid can be seen daily. Violence, poverty, the absence of the basic necessities of life such as food, water, good health and sanitation, decent housing and opportunities for education are the features of the lives of South Africa's children.

Apartheid has left a legacy of hunger and diseases associated with malnutrition. Twenty three out of every thousand white children die by age one while the figure for black children is 140. One third of all black children below the age of 14 are underweight and stunted for their age. For the majority of black children survival is a triumph. Racist education has resulted in a crisis with 25% of black children leaving school by age seven and 50% by age ten. These children leave school illiterate. In comparison 98% of white children complete twelve years of education. Per capita expenditure on white children is some seven times more than for black children. State violence against children is well documented. Hundreds of innocent children have become victims of abuse, brutality and state sanctioned punishment. Indeed there has been a war against children.

Protective measures and material and technical assistance which the international community can offer to meet the needs of South Africa's children at risk are proposed.

INTRODUCTION

Apartheid in South Africa has caused hunger, violence and the education crisis amongst the African people. Black women and children bear the brunt of this policy

South Africa is a beautiful country lying at the tip of the African continent. We have a population of some 35 million people from diverse religions, traditions, cultures, languages and backgrounds. Ours has been a particularly oppressive country to live in for the majority of our people. It is a country where the quality of life has depended and still depends on skin colour. Where you live, how much you earn, the physical condition of your body, your level of education and jobs available to you depends on your skin colour. Until recently, whom you married or had a personal relationship with, what time you were allowed on the streets and where you were buried also depended on skin colour. Much has changed of late and much will change in the future. There is a move towards a non-racial democratic future and with it hopefully a growing awareness of the rights of children.

However, the legacy of apartheid and the holocaust it has left behind will be with us for generations to come.

CHILDREN GROWING UP IN SOUTH AFRICA

If there is a group in South Africa which has consistently had their rights

denied it is our children and in particular black children. From conception the black child's life is characterised by hunger and malnutrition, insecurity and trauma, instability, family breakdown and dislocation of communities, a lack of primary health care and educational opportunities; and the absence of adequate housing, electricity, running water and sanitation.

The situation in the rural areas is particularly bad. To quote Zuma

"Today, those rural communities are either destroyed by migration to towns or deprived of land on which to produce. Many rural people are literally dying of hunger; if you starve city dwellers, they riot, but peasants die. This is because of land deprivation, drought, leading to famine, violence and war. Women and children are the most vulnerable". (Zuma, 1991:5)

Survival is dependent on factors beyond the child's control - it is based more on economic status and skin colour than anything else.

HOW ARE CHILDREN AT RISK?

The first victims of apartheid are women with young children. The following are some of the results of the policy of apartheid about which we are concerned.

Family

The situation of black children has been described as follows: " ***...they are left***

to fend for themselves in the township streets or in the unfriendly rural environment. There are no warm arms to run to when injured or afraid, no lovely aromas in the kitchen to welcome you back home from play or school, no stories told to you before you fall asleep - you are on your own ..." (Ramphele, 1987:3)

Because of migrant labour young children in South Africa often see their fathers only once each year. Living in these one-parent families places stress on the child's development. In addition most parents do not have an adequate income to provide basic needs for their families or sufficient time to spend with the family.

Community and Housing

The lack of community infrastructure - roads, schools, water, sanitation, recreation and sports facilities and housing has a major impact on the early development of children.

White (1984:9) found that in the Black townships over 40% of the households shared accommodation and that in more than 10% of the cases, 3 or 4 families shared the same house. She writes that without massive support, up to half the black population living in the cities can afford to live only in cheaply built shacks or by sharing with 1 or more other households the space provided by a small 4 or 5 roomed house.

Apart from the overcrowding, there is the overwhelming absence of adequate

services and facilities in the black townships and informal settlements. Most black residential areas do not have basic facilities such as public telephones, post-office, sports fields, swimming pools, community centres, old-age homes or banks. Doctors and chemists are not to be found.

Education and Literacy

For children to develop optimally opportunities for play and learning are essential. Access to preschools for children is however less than 6% and for Black children less than one-half percent. For black children at primary school survival rates are very low. Of every 100 children who enter the first grade, only 79 pass to the second grade the following year and only 49 pass the 7th grade within the minimum seven years. (Taylor, 1989:2). The implications of this is a largely illiterate population. The demand in our country is for education provision that is accessible, relevant and which adequately prepares young people for the future.

The skewed distribution of resources in South Africa is highlighted in the field of education. The per capita expenditure for 1989/90 for the different racial categories illustrates this point:

Whites:	R3739
Asians:	2659
Coloureds:	1983
Blacks:	930

This means that the state spends 4 times more on each white child than it does

for a black child. (SAIRR 1992:195)

Child Health, Nutrition and Mortality

The four vital pre-requisites for maintaining the most basic level of health services are

- a safe and adequate supply of drinking water
- sufficient food for survival
- basic sanitation and refuse removal
- reasonable housing

For millions of our children, especially in the rural areas, these are missing.

In South Africa the most common causes of child death in the coloured and black communities are gastro-enteritis, measles and tuberculosis, which are caused in large measure by the poor socio-economic conditions under which these children have to live.

For a child to reach full potential, she/he must be healthy, and well nourished during the early years. There is widespread hunger and diseases associated with malnutrition in South Africa yet we are a country which exports considerable quantities of foods and in times of surplus, dumps food. Hansen, (1984:7) has found that: "*... approximately a third of black, coloured and Asian children below the age of 14 years are underweight and stunted for their age. In some areas, eg. in parts of the Ciskei and Chatsworth in Durban, the situation is worse, (rising to 60 - 70% or more).*"

Steyn (1984) in a study found that this problem is not confined to the resettlement camps or even to the 'homelands'. In the Stellenbosch district of the Western Cape, an area noted for its wealthy farms, a survey of some 1 800 young children in 21 coloured primary schools found that no less than 21% of them suffered from what is clinically defined as both stunting and malnutrition. This '***reflects acute and chronic malnutrition in the area***' (Steyn, 1984:9)

Government figures, suggest that over 2 million of the country's 9 or 10 million children are well under weight for age, and that several hundred thousand are at grave risk from malnutrition. Latest official infant mortality figures show that the national average for blacks in 1990 was 52.8 per 1000 live births, compared to 7.3 per 1000 live births for whites, 28 per 1000 live births for coloureds and 13.5 per 1000 live births for Asians. (Cape Argus 21.4.92)

Wilson and Ramphele (1987) report that among Black babies, the major killers are pneumonia, diarrhoea and immaturity. For those classified coloured the order is diarrhoea, pneumonia and immaturity. For whites on the other hand, the major cases of infant mortality are peri-natal problems (such as difficulties in breathing at birth), congenital abnormalities (such as Down's syndrome) and pneumonia.

Violence

Peace and stability are pre-requisite for the development of children. Violence, both criminal and structural destroys families and communities and creates homelessness, refugees, orphans and accentuates poverty.

Ramphele (1987:4) feels that black children "*... have never been loved adequately by their parents (who were too busy struggling for survival) and thus do not know how to love, they have not been trusted by anybody thus cannot trust anyone; they have not been treated with respect, thus their response is anger, hatred and vengeance*".

Children witness violence each day. One national newspaper, Weekly Mail, (April 10 - 15 1992; 20-21) described the violence which children suffer each day. In an article 'Children in the War Zone' the following is described: "*Township children are often the victims of adult contests for territory and political power they do not understand and did not ask to play*".

"*At the blast of a shotgun, children at the John Pama Primary School in Nyanga, Cape Town, drop to the floor. They may not comprehend the myriad complexities of the taxi war raging on the school's doorstep, but they know enough to try and keep out of the cross-fire.*"

"*One mother only identified as "Kgampane" by a neighbour, was asleep with her husband and 2 children when, shortly after 1am, a group of men armed with knives, knobkieries and pangas barged into their shack demanding money. In confusion they said they had none, hoping the attackers would leave, but the men rained blows on them, mercilessly beating them...While trying to ward off the blows, Kgampane tried to protect her 1 month old daughter, holding the child close to her body. But she could not defend if from the blows, and the baby was struck on*

the head by a panga, leaving a gaping hack wound across her tiny forehead. She was lucky: she survived.

All the while her terrified 4 year old brother stood hugging his father around the legs, crying hysterically as he watched him being hacked to death. His 'interference' by holding on to his father so angered the attackers that they hit him repeatedly, slashing his forearms and wrists before killing his father. The boy is also in hospital fighting for his life".

"Vera Ndlela (19) was also asleep when the men barged into her shack. They immediately began beating her and demanded money from her. She said she was a student and had no money. On hearing this, they told her that they wanted her 18 month old baby to remove parts of his body. She tried to hold on to the boy, but repeated blows from knives and knobkieries forced her to let go. As the men took the boy, she broke away and ran. They flung him into the ruins and chased Vera among the dense reeds of a nearby stream. For 3 days Vera lay in the smelly, marshy stream running alongside the squatter camp. Unable to move after her severe beating, she remained stuck on the stream bank until she heard people nearby and let out a weak scream. Residents found her and took her to the Natalspruit Hospital. Her son is missing, and police do not know whether he is one of the injured in hospital or a body in a morgue.

By Wednesday, 5 days after the attack, the police could not confirm the names or number of children injured or killed. The only incidents they were able to give details of were the cases of two children, both believed

to be younger than 1 year, whose bodies are at the Germiston mortuary. Both suffered 'excessive burn wounds' and are thought to have died as a result of their burns."

In addition Black children are continually at risk because of state repression. The number of black children who have been detained, assaulted, maimed and died is not known.

Child Labour

The UNICEF commissioned Report on Children in South Africa records that there is considerable evidence, of the widespread use of child labour, particularly but not exclusively in agriculture, in return for some form of payment either in cash or in kind. The need to work, to supplement the family income, can severely limit the time available to children to attend school and simply to enjoy being children and carefree. Little is known about child labour in South Africa. The Report continues that "***despite legislation curbing its use, few resources are devoted to finding out whether or not the law is effective***". (Wilson and Ramphele 1987:53)

FUTURE PRIORITIES AND STRATEGIES: THE ROLE OF THE INTERNATIONAL COMMUNITY

The difficulties facing children in South Africa cannot be resolved without fundamental political change. Political power for the poor, in the form of a non-racial democracy in an undivided South Africa and an equitable distribution of

wealth and resources in South Africa are necessary prerequisites for dealing effectively with Children at Risk. Those concerned about our children have to work primarily for political and economic change.

At the same time, it is important to recognise that the international community can make a significant difference to the lives of children now.

Some suggestions include international aid around;

1. **Basic health care and nutrition**
2. **Basic infrastructure and services**
3. **Training and skill development**
4. **Creating public awareness**

1. The first objective of international aid must be to improve child health care and nutrition and reduce the mortality rate among very young children. There is a need to ensure that children are properly fed. There is evidence that nutritional intervention strategies are more cost-effective if focused on preschool children rather than on those slightly older, who are already at school.

2. Basic Infrastructure needs to be developed and services provided. Disadvantaged communities need basic services such as clean drinking water, waste disposal, electricity, preschools, schools, clinics and hospitals.

3. International aid must be people orientated. The spirit of South Africa and the strengths of its people must be built upon. Action programmes are dependent on skilled people. The most productive investment in the future of our country is in its people. A healthy, educated and skilled population is the driving force that can take South Africans through this crisis and beyond. Aid must focus on training and skill acquisition and the creation of employment opportunities. Our people must be empowered with technical information and skills so that we may develop economically. This would facilitate endogenous efforts at self-reliance. Particular emphasis must be placed on women. Given the vital role which women play in child development they must be integrated into national development programmes.

4. International aid must create public awareness about South Africa's children. The UNICEF publication Facts of Life issued the communication challenge - "***The health of children in the developing world would be dramatically improved if all families were empowered with today's essential child health information***". It is important to create awareness. This promotes community action. Time, resources and energy must be devoted to lobbying and advocacy for children. Government must be informed about the issues, needs and problems of children.

These four suggestions can be done through what Robert Myers called "***flexible experimental action-based capacity building***". (Myers, 1984:26) For Myers

different funding organisations would play different roles at each stage of development. He sees small, on the ground organisations, Foundations and PVO's, playing an important role in learning to be effective (stage 1); larger funders such as UNICEF and USAID entering in the stage of learning to be efficient (stage 2); and the World Bank entering at the third stage - learning to expand)

An important point to remember is that international assistance projects fail most often because they are based on the advice of outsiders rather that on the people at the receiving end. An approach based on the expressed needs of the recipient would benefit both donor and recipient.

To ensure coherence and consistency of action, international donors could establish joint assistance programmes. International action needs to be linked so as to ensure all round development and a good spread of development. The aim must be to avoid duplication. This could include estimating the size of financial support/aid needed and finding ways of funding it.

To meet the needs of the oppressed masses additional assistance would have to be mobilised. We would also need to steer clear of huge interest and debt repayments which has crippled other African countries.

CONCLUSION

Investment in the well being, education and skills of mothers and children is fundamental to economic prosperity, political stability and development. The international community has a vital role to play in bringing this about. The goal of the international community must be to empower the disadvantaged communities of South Africa. If this can be achieved the international community will have made a huge contribution towards change in South Africa and more particularly to the lives of it's children.

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